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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Summary of the panel discussion on realizing the right to health by enhancing capacity-building in public health

Report of the United Nations High Commissioner for Human Rights

Summary

The present report was prepared in accordance with Human Rights Council resolution 32/16, in which the Council decided to convene, at its thirty-fifth session, a panel discussion to exchange experiences and practices on promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health by enhancing capacity-building in public health. The Council also requested the United Nations High Commissioner for Human Rights to prepare a summary report of the panel discussion, for consideration at its thirty-sixth session.

During the broad-ranging discussion, many States shared the challenges they face and their own experiences in addressing them. Participants particularly highlighted the need for universal health systems that were participatory and accountable and a human rights-based public health strategy that recognized the indivisibility of human rights and the Sustainable Development Goals.

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I. Introduction

1. Pursuant to its resolution 32/16, the Human Rights Council convened, on 8 June 2017, a panel discussion to exchange experiences and practices on promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health by enhancing capacity-building in public health. In the same resolution, the United Nations High Commissioner for Human Rights was requested to prepare a summary report of the discussions for submission to the Council at its thirty-sixth session. The discussion was also broadcast live and archived at http://webtv.un.org.

2. The panellists were: the Deputy Minister of Health and Director General of the National Public Health Institute of Liberia, Tolbert Nyenswah; the National Director of Public Health at the Ministry of Public Health of Cuba, Lorenzo Somarriba López; the Assistant Director General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, World Health Organization (WHO), Ren Minghui; the Deputy Director General, Department of Law and Legislation, National Health and Family Planning Commission, China, Gong Xiangguang; and the Director of the Global Health Centre and Adjunct Professor at the Graduate Institute of International and Development Studies, Geneva, Ilona Kickbusch. The discussion was moderated by the Permanent Representative of South Africa to the United Nations Office at Geneva and other international organizations in Switzerland, Nozipho Joyce Mxakato-Diseko.

3. The panel discussion was opened by the Deputy High Commissioner for Human Rights. The Director General of WHO, Margaret Chan, gave a keynote statement. The panellists then made brief opening statements that were followed by a debate chaired by the President of the Human Rights Council, Joaquín Alexander Maza Martelli. States, national human rights institutions, non-governmental organizations (NGOs) and other observers were encouraged to intervene through questions, comments and the sharing of good practices, challenges and recommendations on the way forward.

II. Summary of the discussion

A. Opening statement

4. In her opening remarks, the Deputy High Commissioner for Human Rights emphasized the right to health as the foundation for all human rights, for education and work and for a life lived in dignity. The right to health was an enabler of all other rights and depended on the rights to non-discrimination, information, physical and mental integrity and life. Moreover, the enjoyment of rights to and through health was essential for inclusive and sustainable development.

5. The Deputy High Commissioner underscored the importance of supporting the sexual and reproductive maturing of women and girls and ensuring that it did not come at a cost. The giving of life should not be a threat to life — yet for millions that was not the case, when States failed in their obligations. The onset of puberty should not be a doorway to an onslaught against a girl's physical and mental integrity through child marriage, sexual exploitation and abuse, unwanted pregnancy or sexually transmitted infections. Yet, owing to the lack of enjoyment of their rights to education, protection and information, such was the reality for millions of girls. The threats to the right to health were not only the result of inaction or failure to invest, but the product of an active rollback — deliberate and intentional policies that moved away from the human rights to and through health. That trend was particularly evident in the attempts to roll back the enjoyment of sexual and reproductive health and the associated human rights, with discriminatory, selective and devastating consequences for women and girls, which imposed unaffordable costs on their communities.

6. Other factors undermining health included unprecedented rates of urbanization, pollution, increasing climate instability, famine, environmental degradation, conflicts

forcing people out of their homes and their livelihoods at record levels, and the deliberate targeting of health workers and health facilities.

7. Thanks to the 2030 Agenda for Sustainable Development, the world had a vital opportunity to advance the very conditions in which rights to and through health could flourish. A worldwide commitment was required to "leave no one behind". Moreover, the right to health must be enshrined in national law. Social and gender norms that eroded health should be removed. People themselves must be empowered to claim their rights, and health workers and advocates must be protected as they defended those rights.

B. Keynote statement

8. The Director General of WHO welcomed the emphasis on capacity-building in public health as a means of upholding the right to health. As stated in the WHO Constitution: "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures." That included providing essential preventive and curative health services and medicines, adequate numbers of health facilities located close to people's homes and sufficient numbers of appropriately trained and motivated health staff. Countries needed the statistical data from information systems that recorded births, deaths and causes of death; data on diseases and medical conditions; and civil registration to ensure that each child had a legal identity and the rights and entitlements which that legal identity conferred. The right to health depended on legislation and regulatory authorities that kept water, air, food and medicines safe. Realization of the right to health protected people against discrimination and exclusion, and helped to ensure that all people had an equal opportunity to enjoy the highest attainable level of health and that people with a physical or mental disability were not deprived of their liberty or legal capacity.

9. The Director General drew attention to the work of WHO, including its Framework Convention on Tobacco Control; guidance on legislation that could reduce the harmful use of alcohol and protect children from the marketing of unhealthy foods and beverages; and the development of other instruments and mechanisms that contributed to fair access to care and thus underpinned the right to health, most notably by making pharmaceutical products more affordable.

10. Highlighting the worldwide inequality in access to quality health care, including medicines, she noted that respect for the right to health was a hallmark of good governance. Countries that had enshrined the right to health in their constitutions generally had the best human rights records. Moreover, a health system oriented towards universal health coverage would leave no one behind. Since universal health systems protected against financial hardship caused by paying for essential health care, they also operated as a significant poverty reduction strategy and thus a nation-building strategy. They were the ultimate expression of fairness. They were one of the most powerful social equalizers among all policy options.

C. Overview of presentations by the panellists

11. Mr. Nyenswah discussed the management of public health emergencies in West Africa, specifically Liberia, using the example of the unprecedented 2014 Ebola epidemics, as well as the task of building a resilient health system in the context of human rights. Liberia had borne the brunt of the epidemic and seen the collapse of its public health systems. In response, the Government had established an incident management system to lead the response and coordination of all public health interventions to combat Ebola in the country. China provided a good example of South-South cooperation in the assistance it had given Liberia in curbing the epidemic. China had provided much-needed supplies, equipment and personnel to work alongside the Liberian team.

12. It was vital to promote the rights to social security, education, and water and sanitation services, in accordance with article 25 of the Universal Declaration of Human Rights, since they were critical for people's health, particularly in developing countries.

13. In conclusion, he appealed to the international community to assist Liberia in developing its health infrastructure and improving the capacity of its public health workforce.

14. Dr. López outlined the experience of Cuba in establishing its national health system, pursuant to article 50 of the Cuban Constitution, which was geared towards a single and public health system model that was free of charge and accessible. It covered 100 per cent of the Cuban population without any form of discrimination. There was also an immunization programme that protected against 13 diseases, with eight of the vaccines being nationally produced. Cuba had eradicated polio, diphtheria, measles, mumps, whooping cough, rubella, meningeal tuberculosis and mother-to-child transmission of HIV.

15. Cuba had helped other countries to realize the right to health by helping to strengthen health systems that were already geared towards achieving universal health coverage. Cuba recognized health as an essential and core human right that was central to public policies, and wished to continue its cooperation with other countries in that regard.

16. Dr. Ren underscored the global consensus that universal health coverage should not be viewed as a distant goal, but as a fundamental step in realizing the right to health. He described how much had been done to help develop core public health capacity to prevent, detect and respond to public health emergencies. Particular achievements of WHO included the adoption by the World Health Assembly of the WHO Global Strategy on Human Resources for Health. He further emphasized that expenditure on the health and social workforce should be regarded as an investment, and not merely as a cost.

17. HIV/AIDS, tuberculosis, malaria and neglected tropical diseases had a continuing and far-reaching impact on people's lives. In addition to the high mortality rate, they caused disabilities, stigmatization and exclusion from society. Moreover, in many countries, those responsible for responding to the challenges were facing major financial and infrastructure challenges. There were clear capacity shortages in most areas of public health, including national disease programme management, programme planning, epidemiology, monitoring and surveillance, and research. Capacity-strengthening was therefore critical to continuing to save lives and expand access to prevention, diagnosis and treatment.

18. Dr. Ren further underlined how efforts to strengthen health systems should be guided by the human rights principles of equity, non-discrimination, transparency, accountability and participation. The Sustainable Development Goals had reframed the overall context of global health and opened up space for deeper discussion on the right to health.

19. Mr. Gong highlighted how the Government of China had prioritized people's health by improving legislation and regulations, including those on immunization and the control of communicable diseases, public health emergencies and HIV/AIDS. China had targeted disease prevention and health education, infant and maternal health and mental health, enhanced the accessibility of public health institutions, engaged in capacity-building for health-care personnel and improved the level and the quality of services. China was also strengthening education, fostering healthy behaviours and physical fitness and controlling the use of tobacco and alcohol.

20. Ms. Kickbusch highlighted the interdisciplinary and intersectoral nature of public health and its centrality to the implementation of the Sustainable Development Goals. She emphasized that many determinants of health required a human rights-based public health strategy, and that, in the era of the Sustainable Development Goals, the health of people could not be separated from the health of the planet. Public health strategies must be at the forefront of integrated strategies to address climate change and environmental factors, such as air pollution.

21. In a global consumer society, the right to health included the need to address the commercial determinants of health. Those included products, marketing and environments harmful to health. Public health needed a pricing policy, transparent information and clear labelling. The health community had made tremendous strides in the framework of tobacco control, and it was now important to address other risk factors for non-communicable diseases in similar ways. One example was the introduction of a sugar tax by some

countries and cities. Taxation was also central to financing the 2030 Agenda for Sustainable Development.

22. People's right to health, healthy lives and increased well-being at all ages could only be achieved by promoting health through all the Sustainable Development Goals, not only Goal 3, and by engaging the whole of society in the process. That required sufficient political will to implement transformative, practical, high-impact and evidence-based strategies which, in turn, meant decisive action on all determinants of health and empowerment to enable people to increase control over their health.

D. Interventions by representatives of Member States, observer States and other observers

23. During the ensuing discussion, statements were made by representatives of Bahrain, Botswana, China (on its own behalf and that of Algeria, Brazil, Egypt, El Salvador, Ethiopia, France, Georgia, Indonesia, Iran (Islamic Republic of), Pakistan and South Africa), El Salvador, France, Georgia, Haiti, India, Indonesia, Israel, Malaysia, Maldives, Pakistan (on behalf of the Organization of Islamic Cooperation), Paraguay, Portugal (on its own behalf and that of the Community of Portuguese Language Countries), Qatar, the Russian Federation, Sierra Leone, Tunisia (on behalf of the African Group), United States of America, Venezuela (Bolivarian Republic of) and the European Union.

24. Representatives of the following NGOs also contributed to the discussion: Amnesty International, International Human Rights Association of American Minorities, Le Pont, Swedish Association for Sexuality Education, Tourner La Page and Verein Südwind Entwicklungspolitik.

25. Many of the participants underscored the importance of the right of everyone to the highest attainable standard of physical and mental health, both as a fundamental human right in itself and as a means of realizing other human rights. They also emphasized that the cross-cutting nature of the right to health was reflected in the 2030 Agenda for Sustainable Development, which recognized the centrality of health and well-being to sustainable development. Goal 3 on health could not be attained without achieving all other goals.

26. They also drew attention to the many challenges facing countries. Delegates noted that over 400 million people currently lacked access to essential health services, and more than 100 million people fell into poverty every year because they were spending more than they could afford on health care. Delegates raised the problems of ensuring health care for the increasing number of people on the move, such as migrants and refugees, the cost of medicines and the lack of resources. People in conflict or occupied areas were denied access to medical care, including through restrictions in their freedom of movement, blocking of the supply of medicines and attacks against aid workers. Participants asked what the United Nations could do in cases where State and non-State actors prevented people from accessing medicines and destroyed health infrastructure. Participants also highlighted how public health emergencies could erode national systems, with particular reference to the Ebola epidemic, which in Sierra Leone had overwhelmed the health-care system when it infected more than 14,000 people and took the lives of nearly 4,000 in the country.

27. Many participants reiterated the fact that States bore the primary responsibility to improve the public health system, ensure universal and equal access to public health services and tackle the socioeconomic and environmental determinants of health, which included discrimination, stigmatization, violence and inequality. They underlined the need for a human rights-based approach in addressing those issues and ensuring universal health care, for all including migrants and refugees. One delegate also drew attention to the need to respect human rights in the context of mental health, which entailed eliminating all forms of discrimination, violence, stigmatization, segregation and forced treatment. One NGO particularly highlighted the impact of discrimination, prejudice, stigmatization and violence on both health and access to health-care services, medicines and information. One representative further stressed the importance of accountability and observed that health facilities often had inadequate procedures to enable patients to raise concerns about their

experiences and obtain redress when appropriate. Participants also raised the importance of people with disabilities being included in the planning, design and implementation of health-care policies.

28. Several participants drew attention to the issue of sexual and reproductive rights, including access to safe abortions. One NGO highlighted the fact that its research showed a lack of training and capacity among health workers to respond to the specific needs of adolescents. In some cases, attitudes among health workers contributed to a lack of confidentiality and informed consent by patients. The representative highlighted the need to invest in human rights training for health workers, particularly in relation to the sexual and reproductive rights of women and girls.

29. One delegate highlighted the role of the Human Rights Council, its special procedures and the universal periodic review mechanism in promoting and ensuring a rights-based approach. He reiterated that the recommendations given by those mechanisms must be taken into account by States, and should be seen as tools or guides that could help to ensure that public policies guaranteed the right to health.

30. Numerous delegations drew attention to rising health-care costs and the limited resources of States. African countries highlighted their commitment to allocating at least 15 per cent of their annual budget to financing national health services for all their citizens, as agreed in the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. They called on the international community to support those efforts by achieving the target of devoting 0.7 per cent of gross national income to official development assistance.

31. Participants also highlighted the right to access to medicines as a major component of the right to health and universal health coverage, which was being undermined by international trade law and the scope of intellectual property protection. They asked the panellists to explain the progress made and tangible actions conducted to facilitate access to affordable and high-quality medicines for developing countries. NGOs highlighted the fact that international cooperation and assistance could include improving access to affordable medicines by changing international rules and regulations.

32. During the debate, Dr. Ren emphasized that, while international cooperation could help countries to mitigate the challenges of accessing medicines, in most cases the solution should come from the capacity of the country itself to produce medicines, in ways affordable and accessible for its people. In that context, Dr. López drew attention to the situation in Cuba in developing medicines for the population. Mr. Gong similarly explained how China had established national mechanisms to ensure access to medicines.

33. With regard to the financing of universal health coverage and providing access to affordable and quality medicines, Ms. Kickbusch underscored the importance of taxing tobacco. According to hundreds of studies, taxing tobacco reduced tobacco use and increased the financing available to fund health systems and eradicate poverty. She observed that about 5 per cent of global gross domestic product was lost through tobacco use, and the cost of tobacco to the global economy was about $1 trillion. A number of countries had introduced such taxes to finance prevention programmes, health promotion programmes and even health services and medicines.

34. Several delegations raised concerns about the "brain drain". Meaningful investment in the public health sector by developing countries was being undermined by the loss of intellectual capital, resulting in the loss of critical health professionals who migrated away from the continent for better remuneration. They asked for the assistance of the international community in reversing that trend.

35. Regarding international cooperation, several delegations discussed the role of regional and international organizations. Participants highlighted the importance of providing financial and technical cooperation for national health systems in developing countries, offering personnel and providing access to affordable medicines. Some delegations suggested that international cooperation should focus on promoting stable nations with the economic capacity to develop and sustain adequate health investment, and called on United Nations agencies, funds and programmes to provide technical assistance to

build resilient health systems. They emphasized the need for equity, mutual respect and solidarity to overcome economic imbalances. Several delegations asked how United Nations funds and programmes could give practical effect to the achievement of the right to development in order to create global capacity in the area of public health. Dr. Ren particularly emphasized that health was relevant to all social and economic development, and that therefore all United Nations agencies, funds and programmes should work together to support capacity-building at the country level.

36. A number of States described their experiences and best practices in ensuring universal health care. They included Georgia, which launched its universal health-care system in 2013, providing State-funded health-care coverage for all citizens. Participants similarly heard how the national health policy of Haiti was based on universality, equity and quality. In El Salvador, the levels of maternal mortality had reportedly been reduced and the country had already achieved target 3.1 of the Sustainable Development Goals. According to the delegate, 98 per cent of births took place in hospitals with qualified staff. El Salvador had also reduced the levels of chronic malnutrition by 42 per cent, through school meals programmes for 1.3 million schoolchildren, and provided vouchers for pregnant women, breastfeeding mothers and children with anaemia. Several countries also highlighted their role in promoting international cooperation. Qatar, for instance, had hosted an annual global health summit.

III. Conclusions

37. **In their final remarks, all the panellists highlighted the importance of universal health systems for realizing the right to health for all without discrimination, drawing particular attention to the situation in China and Cuba, including their provision of international assistance. Panellists also emphasized the centrality of the right to health and universal health-care systems to the realization of all the Sustainable Development Goals and in making sure that no one was left behind. Several panellists also underscored the need for a multisectoral approach, moving beyond separate agendas, and a focus on the groups living in the most vulnerable situations, including refugees and migrants.**